



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

February 20, 2008

Kiley Turner, Administrator  
Evergreen - Idaho Health Care Sandpoint LLC  
624 S Division  
Sandpoint, ID 83864

License #: RC-511

Dear Ms. Turner:

On January 10, 2008, a complaint investigation survey was conducted at Evergreen - Idaho Health Care Sandpoint LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DONNA HENSCHIED, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 25, 2008

Kiley Turner, Administrator  
Evergreen - Idaho Health Care Sandpoint LLC  
624 S Division  
Sandpoint, ID 83864

Dear Ms. Turner:

On January 10, 2008, a Complaint Investigation survey was conducted at Evergreen - Idaho Health Care Sandpoint LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 10, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Simpson".

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

Enclosure



# IDAHO DEPARTMENT OF HEALTH & WELFARE

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January 25, 2008

Kiley Turner, Administrator  
Evergreen - Idaho Health Care Sandpoint LLC  
624 S Division  
Sandpoint, ID 83864

Dear Ms. Turner:

On January 10, 2008, a complaint investigation survey was conducted at Evergreen - Idaho Health Care Sandpoint LLC. The survey was conducted by Maureen McCann, RN and Donna Henscheid, LSW. This report outlines the findings of our investigation.

## **Complaint # ID00003230**

**Allegation #1:** A resident did not receive medications as prescribed by the physician.

**Findings:** Based on observation, interview and record review it could not be determined the facility did not follow the physician's order for the resident's medications.

A physician's order dated July 5, 2007 documented the identified resident was to receive Trazadone 100 milligrams (mg) 1 tablet at bedtime.

The July 2007 Medication Assistance Record (MAR) and August 2007 MAR documented Trazadone 100 mg 1 tablet was given at bedtime. The July 2007 MAR documented the resident was out of the facility several times throughout the month. The August 2007 MAR also documented the resident was out of the facility on the 4th and left the facility permanently on the 7th.

On January 10, 2008 at 8:10 AM a medication pass was observed for three residents. A caregiver was observed to provide medication assistance without error and the medications for the three residents were rectified against the physician's orders.

On January 10, 2008 at 8:30 AM seven residents were interviewed. The seven residents denied they had problems with receiving the appropriate medications.

Kiley Turner, Administrator

January 25, 2008

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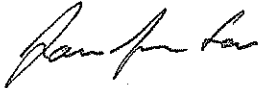
On January 10, 2008 at 10:00 AM the administrator stated the identified resident would leave the facility on overnight stays for a couple of days at a time and staff would send medications with her. Further, the administrator stated the resident did not have a guardian and was free to leave the facility as she desired. The administrator also stated the resident did not return to the facility after January 7, 2008 and there was no way for the facility to account for the medications the resident took when out of the facility.

On January 10, 2008 at 10:30 AM the pharmacy confirmed the order for Trazadone (30 tablets) was as written on the MAR and was last filled on January 8, 2007.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



DONNA HENSCHIED, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program  
Donna Henscheid, LSW, Health Facility Surveyor



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Evergreen</i>	Physical Address <i>624 S. Division</i>	Phone Number <i>208-264-2354</i>
Administrator <i>Kiley Turner</i>	City <i>Sandpoint</i>	ZIP Code <i>83864</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Complaint</i>	Survey Date <i>1/10/08</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22	<i>(# 1 + 2)</i>		
1	157.01.g.i-v	<i>Sampled Residents' Random resident MARs were missing initials for some routine medication doses; MARs also missing a written reason for circled initials. An order for Resident #15-110 was misdocumented on the MAR (Resident was receiving correct med.).</i>	<i>2/13/08 DH</i>	
2	300.01	<i>2 out of 2 sampled staff did not contain documentation for nurse delegation for medication assistance.</i>	<i>2/14/08 DH</i>	
3	310.01	<i>Is the facility has bulk supply of over-the-counter medication.</i>	<i>2/13/08 DH</i>	

Response Required Date <i>2/10/08</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>1/10/08</i>
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